SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/01975 CLAIMS AFTER 1st AMENDMENT AFTER 2-d AMENDMENT AS FILED IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. :4 :5 :7 !8 :9 TOTAL JOJAL DEP. TOTAL MAY SO ... SO FOR ASDITIONAL CLAIMS OR AMENDMENTS PART OF TREET